CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COMMCOVER PAGE

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NAME OF FILER (LAST)	(FIRST)	(MIDDLE)
Sanders	Joanne	
1. Office, Agency, or Court		
Agency Name		
City of Sonoma		
Division, Board, Department, District, if applicable	Your Position	
	Councilmember	
► If filing for multiple positions, list below or on	an attachment.	
Agency:	Position:	
2. Jurisdiction of Office (Check at least	one box)	<u></u>
☐ State	☐ Judge (Statewide Jurisdiction)	
Multi-County	County of	
⊠ City of Sonoma	Other	
3. Type of Statement (Check at least one		
	<u> </u>	1 1
Annual: The period covered is January 1, 2 2010.	(Check one)	
The period covered is/	, through December 31, O The period covered is Jar leaving office.	nuary 1, 2010, through the date of
Assuming Office: Date/	The period covered is of leaving office.	, through the date
Candidate: Election Year	Office sought, if different than Part 1:	
4. Schedule Summary		
Check applicable schedules or "None."	► Total number of pages including this	cover page:6
Schedule A-1 - Investments − schedule atta	ched Schedule C - Income, Loans, & Bu	usiness Positions - schedule attached
Schedule A-2 - Investments - schedule atta	ched Schedule D - Income - Gifts - sch	edule attached
Schedule B - Real Property – schedule atta	ched Schedule E - Income - Gifts - Tra	vel Payments - schedule attached
	-or- None - No reportable interests on any schedule	
herein and in any attached schedules is true and	complete. I acknowledge this is	
I certify under penalty of perjury under the law	s of the State of California tha	
03-30-11	0:	
Date Signed	<u> </u>	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Joanne Sanders ,

•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	BEA Systems GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
			OLIVER BEOOM HOW OF BUSINESS NOTWITE
	Computers/Hardware		
	FAIR MARKET VALUE \$10,001 - \$100,000		FAIR MARKET VALUE \$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000
	NATURE OF WASCITIENT		NATURE OF INVESTMENT
	NATURE OF INVESTMENT Stock Other		NATURE OF INVESTMENT Stock Other
	(Describe)		(Describe) Partnership O Income Received of \$0 - \$499
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		O Income Received of \$500 or More (Report on Schedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
			<u>, , 10 </u>
_	ACQUIRED DISPOSED .	<u> </u>	ACQUIRED DISPOSED
>	NAME OF BUSINESS ENTITY		NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	SERENCE DEBONII HON OF BOOMECO ACTIVITY		OCHEMAC DESCRIPTION OF BOOMESS ASSISTED
	FAIR MARKET VALUE		FAIR MARKET VALUE
	\$2,000 - \$10,000		\$2,000 - \$10,000 \$10,001 - \$100,000
	\$100,001 - \$1,000,000 Over \$1,000,000		\$100,001 - \$1,000,000 Over \$1,000,000
	NATURE OF INVESTMENT	1 :	NATURE OF INVESTMENT
	Stock Other (Describe)		Stock Other (Describe)
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
	C ilicoline received bi \$500 of Initial (report on Schedule C)		O michile Received of \$500 of More (Report of Scriedule C)
	IF APPLICABLE, LIST DATE:		IF APPLICABLE, LIST DATE:
		l	
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
_	NAME OF DUCINESS ENTITY		NAME OF BUSINESS ENTITY
•	NAME OF BUSINESS ENTITY	•	NAME OF BUSINESS ENTITY
	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	-	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
] .	·
	FAIR MARKET VALUE	ן ו	FAIR MARKET VALUE
	\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000		\$2,000 - \$10,000 \$10,001 - \$100,000 \$100,000 Over \$1,000,000
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	NATURE OF INVESTMENT	ا ا	NATURE OF INVESTMENT
	Stock Other (Describe)	[[Stock Other
	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)		Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
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	IF APPLICABLE, LIST DATE:	1	F APPLICABLE, LIST DATE:
	<u>, , 10</u> <u>, , 10</u>] .	<u>, , 10 </u>
	ACQUIRED DISPOSED		ACQUIRED DISPOSED
۲-	mments:		
U	AIIIIICIRO,		

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Joanne Sanders

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Bolt Staffing Service, Inc.	
Name 955 Broadway Sonoma, CA 95476	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Temporary Employment Agency	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 /	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT Sole Proprietorship Partnership S Corp YOUR BUSINESS POSITION President	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 ☑ OVER \$100,000 □ \$1,001 - \$10,000	\$0 - \$499 \$10,001 - \$100,000 OVER \$100,000 S1,001 - \$10,000
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD $\underline{\mathbf{BY}}$ THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	REAL PROPERTY
Lord Abbot Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
401k Plan Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000 Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2010/2011) Sch. A-2

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Joanne Sanders

955 Broadway CITY Sonoma, CA 95476 FAIR MARKET VALUE	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
Sonoma, CA 95476 FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$100,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
□ \$2,000 - \$10,000 □ \$10,001 - \$100,000 ⊠ \$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$2,000 - \$10,000
Over \$1,000,000	S10,001 - \$100,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold Cther	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
■ \$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
Bolt Staffing Service, Inc.	•
* You are not required to report loans from commercial lend	ling institutions made in the lender's regular course
* You are not required to report loans from commercial lend of business on terms available to members of the public v and loans received not in a lender's regular course of bus	without regard to your official status. Personal loans
of business on terms available to members of the public v	without regard to your official status. Personal loans
of business on terms available to members of the public vand loans received not in a lender's regular course of bus	without regard to your official status. Personal loans siness must be disclosed as follows:
of business on terms available to members of the public vand loans received not in a lender's regular course of bus	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER*
of business on terms available to members of the public vand loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable)	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
of business on terms available to members of the public vand loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the public vand loans received not in a lender's regular course of business of the public vand loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE Whose None
of business on terms available to members of the public vand loans received not in a lender's regular course of business of the public vand loans received not in a lender's regular course of business NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
of business on terms available to members of the public vand loans received not in a lender's regular course of business Acceptable) NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————
of business on terms available to members of the public vand loans received not in a lender's regular course of business Acceptable) NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	without regard to your official status. Personal loans siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Joanne Sanders

NAME OF SOURCE	•	► NAME OF SOURCE	E	
Tito Esaki				
ADDRESS (Business Address Acceptable)	e)	ADDRESS (Busines	ss Address Accep	otable)
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF S	OURCE
PATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02,20,10 \$ 75	Sonoma County Farm		\$	-
/ \$	Bureau Crab Feed		\$	
			\$	
AME OF SOURCE	·	► NAME OF SOURCE		
Fairmont Sonoma Mission In	n & Sna	NAME OF SOURCE	=	
DDRESS (Business Address Acceptable		ADDRESS (Busines	s Address Accep	otable)
USINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
ATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12,17,10 \$ 115	Winemaker Dinner		\$	-
			\$	
			\$	
AME OF SOURCE		► NAME OF SOURCE	<u> </u>	**************************************
DDRESS (Business Address Acceptable	»)	ADDRESS (Busines	s Address Accep	table)
USINESS ACTIVITY, IF ANY, OF SOUR	CE	BUSINESS ACTIVIT	Y, IF ANY, OF S	OURCE
ATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
			\$	<u> </u>
\$			\$	
<i></i> \$			\$	

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Joanne Sanders

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.
- You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.

NAME OF SOURCE	► NAME OF SOURCE
Justin-Siena High School	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
4026 Maher Street	
CITY AND STATE	CITY AND STATE
Napa, CA 94558	
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) Student Exchange Program	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): 01 / 01 / 10 - 06 / 01 / 10 AMT: \$ 550.00	DATE(S):/ AMT: \$
TYPE OF PAYMENT: (must check one) 🗌 Gift 🔀 Income	TYPE OF PAYMENT: (must check one)
DESCRIPTION: Reimbursement for expenses associated with hosting an exchange student.	DESCRIPTION:
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)	BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
DATE(S): AMT: \$	DATE(S):
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	